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Risco de sobrecarga de estresse em profissionais de saúde: revisão de escopo

Risk of stress overload in healthcare professionals: scoping review

Riesgo de sobrecarga de estrés en profesionales de la salud: revisión del alcance

Rafaella Torres de Carvalho[1], Harlon França de Menezes[2], Alessandra Conceição Leite Funchal Camacho[2], José Rebberty Rodrigo Holanda[3], Richardson Augusto Rosendo da Silva[3]

RESUMO

Objetivo: mapear na literatura científica sobre o risco de sobrecarga de estresse em profissionais de saúde. **Método:** trata-se de uma revisão de escopo com base no modelo proposto pelo Joanna Briggs Institute, realizada de julho a agosto de 2023, em seis bases de dados nacionais e internacionais. Os dados para análise foram extraídos a partir de estressores intrapessoal, interpessoal e extrapessoal a partir do modelo teórico de Betty Neumam para uma planilha do Microsoft Excel 2016®. **Resultados:** a amostra do estudo foi composta por 115 estudos, publicados principalmente entre 2010 a 2022, oriundos da Europa, do tipo observacional, sendo os enfermeiros a principal categoria estudada. Foram classificados 21 estressores de risco intrapessoais, seis estressores interpessoais e dez estressores extrapessoais. **Conclusão:** os riscos de sobrecarga de estresse em profissionais de saúde mapeados foram a despersonalização (estressor intrapessoal), conflitos (interpessoais) e crises sanitárias (extrapessoais).

Descritores: Estresse ocupacional; Fatores de risco; Pessoal de saúde.

ABSTRACT

Objective: to map the scientific literature on the risk of stress overload in healthcare professionals. **Method:** this is a scoping review based on the model proposed by the Joanna Briggs Institute, carried out from July to August 2023, in six national and international databases. Data for analysis were extracted from intrapersonal, interpersonal and extrapersonal stressors from Betty Neumam's theoretical model into a Microsoft Excel 2016® spreadsheet. **Results:** the study sample consisted of 115 studies, published mainly between 2010 and 2022, from Europe, of the observational type, with nurses being the main category studied. Twenty-one intrapersonal risk stressors, six interpersonal stressors and ten extrapersonal stressors were classified. **Conclusion:** the risks of stress overload in healthcare professionals mapped were

[1] Universidade Federal Fluminense (UFF), Niterói-RJ.
[2] Universidade Federal Fluminense (UFF), Niterói-RJ. *E-mail: harlonmenezes@hotmail.com
[3] Universidade Federal do Rio Grande do Norte (UFRN), Natal-RN.

depersonalization (intrapersonal stressor), conflicts (interpersonal) and health crises (extrapersonal).

Descriptors: Occupational stress; Risk factors; Health personnel.

RESUMEN

Objetivo: mapear la literatura científica sobre el riesgo de sobrecarga de estrés en profesionales de la salud. **Método:** se trata de una revisión del alcance basada en el modelo propuesto por el Instituto Joanna Briggs, realizada de julio a agosto de 2023, en seis bases de datos nacionales e internacionales. Los datos para el análisis se extrajeron de los factores estresantes intrapersonales, interpersonales y extrapersonales del modelo teórico de Betty Neumam en una hoja de cálculo Microsoft Excel 2016®. **Resultados:** la muestra del estudio estuvo compuesta por 115 estudios, publicados principalmente entre 2010 y 2022, de Europa, del tipo observacional, siendo las enfermeras la principal categoría estudiada. Se clasificaron veintiún estresores de riesgo intrapersonal, seis estresores interpersonales y diez estresores extrapersonales. **Conclusión:** los riesgos de sobrecarga de estrés en los profesionales de salud mapeados fueron la despersonalización (estresor intrapersonal), los conflictos (interpersonales) y las crisis de salud (extrapersonales).

Descriptores: Estrés laboral; Factores de riesgo; Personal de salud.

INTRODUCTION

Occupational stress is the body's effort to adapt to the situations imposed on it, resulting from the relationship between psychological demand and work-related control. Work environments are often considered stressful places. In this way, it has repercussions on workers' health and can cause sick leave, physical and emotional exhaustion and accidents at work (CAVALCANTE et al., 2019).

This is influenced by the subject's perception of the demands of the work environment and their ability to cope with them. In other words, for the process of work-related stress to take place, the worker needs to perceive the situation and the demands of the environment as stressful, and perceive themselves as having few resources to cope with them, generating reactions with negative effects on their well-being(HIRSCHLE; GONDIM, 2020).

Beyond this individual level of analysis, the interest in studying these professionals is also justified by the nature of the services they provide, since the quality and effectiveness of their work can have a decisive impact on patients' health. In fact, and unlike many other professions, decision-making is particularly decisive in this occupation, since choosing the wrong treatment procedure and/or help can not only worsen the patient's condition but, in extreme cases, lead to their death (GOMES; CRUZ; CABANELAS, 2009).

Thus, the need for studies that address the impact of stress on workers' health and its repercussions on care activities has grown in recent decades, since in addition to workers' health, patient safety is also compromised (MUNHOZ et al., 2020).

In view of the importance of work and its repercussions in the current scenario, where there is a competitive search to keep up with constant technological developments and professional qualifications, there are still stress factors for workers that can have an impact on their quality of life. Therefore, investigating the effects of biopsychosocial factors on workers' health and well-being is important and valid. The workers' health approach understands that it is necessary to broaden the scope of public policies in order to transform the work processes that determine the health-disease relationship. This broadening brings challenges that drive the development of the formulation and implementation of policies for the surveillance and prevention of health problems.(HURTADO et al., 2022).

The aim of this scoping review is to map the aspects of the risk of stress overload in healthcare professionals in the scientific literature.

METHODS

This is a scoping review, carried out from July to August 2023, which followed the recommendations of the Joanna Briggs Institute, Reviewers Manual 2020, which establishes five stages: (1) identification of the research question; (2) identification of relevant studies; (3) selection of studies; (4) data analysis; and, (5) grouping, synthesis and presentation of data. (AROMATARIS; MUNN, 2020).

In order to group, synthesize and present the data with the utmost methodological rigor, it was developed based on the recommendations of the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist.(TRICCO et al., 2018). The protocol was registered with the Open Science Framework (OSF) under the link https://osf.io/3sa48/.

Research question

The first stage was to formulate the research question, using the mnemonic strategy PCC (Population, Concept and Context), which is: What are the risk factors for stress overload in health professionals? The Population refers to health professionals; the Concept, Risk of Stress Overload; and the Context, Health Services.

Types of fonts

In the second stage, before searching the databases, the descriptors representing the object of the study were identified using the Medical Subject Headings (MeSH) for terms in English and the Descritores em Ciências da Saúde (DeCS) for terms in Portuguese. The strategy was developed using synonyms/keywords and the Boolean operators AND and OR.

Thus, after selecting the descriptors, an open and broad search was carried out in the literature and on the OSF platform as a way of ensuring that reviews or protocols with the object of study in question or similar themes had not already been published. Once these had not been identified, the steps to consolidate the review were followed. After this, the selection of materials began in the Medical Literature Analysis and Retrieval System Online (MEDLINE) databases via PubMed, and The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, Scopus, PSYCINFO and in the grey literature via the Portal of Periodicals of the Coordination for the Improvement of Higher Education Personnel (CAPES), based on identification in the Federated Academic Community (CAFe), as a way of standardizing collection in the databases listed.

Search strategy

The strategies used are shown in Figure 1 below.

Figure 01 - Search strategies. Niterói, RJ, Brazil, 2023

PUBMED	(Risk Factors[mj] OR Risk Factor*[tiab] OR Signs and Symptoms[mj]) AND (Occupational Stress[mh] OR Occupational Stress*[tiab] OR Job Stress*[tiab] OR Work-related Stress*[tiab] OR Workplace Stress*[tiab] OR Professional Stress*[tiab] OR Job-related Stress*[tiab] OR Burnout[mj] OR Burnout[tiab]) AND (Health Personnel[mh] OR Health Personnel*[tiab] OR Health Care Provider*[tiab] OR Healthcare Provider*[tiab] OR Healthcare Worker*[tiab] OR Health Care Worker*[tiab] OR Healthcare Professional*[tiab] OR Health Care Professional*[tiab] OR Health Worker*[tiab] OR Health Professional*[tiab] OR Nurses[mj] OR Nurse*[ti] OR Physicians[mj] OR Physician*[ti] OR Occupational Therapists[mj] OR Occupational Therapist*[ti] OR Physical Therapists[mj] OR Physical Therapist*[ti] OR Physiotherapist*[ti] OR Dentistry[mj] OR Dentistr*[ti] OR Health Services[ti]) NOT (Editorial*[ti] OR Letter*[ti] OR Abstract*[ti] OR Proceeding*[ti] OR Symposium[ti])
SCOPUS	TITLE-ABS-KEY("Risk Factor*" OR Risk* OR "Signs and Symptoms") AND TITLE("Occupational Stress*" OR "Job Stress*" OR "Work-related Stress*" OR "Workplace Stress*" OR "Professional Stress*" OR "Job-related Stress*" OR Burnout) AND TITLE("Health Personnel*" OR "Health Care Provider*" OR "Healthcare Provider*" OR "Healthcare Worker*" OR "Health Care Worker*" OR "Healthcare Professional*" OR "Health Care Professional*" OR "Health Worker*" OR "Health Professional*" OR Nurse* OR Physician* OR "Occupational Therapist*" OR "Physical Therapist*" OR Physiotherapist* OR Dentistry OR "Health Service*") AND (LIMIT-TO(DOCTYPE, "ar") OR LIMIT-TO(DOCTYPE, "re"))
WOS	TS=("Risk Factor*" OR Risk* OR "Signs and Symptoms") AND TI=("Occupational Stress*" OR "Job Stress*" OR "Work-related Stress*" OR "Workplace Stress*" OR "Professional Stress*" OR "Job-related Stress*" OR Burnout) AND TI=("Health Personnel*" OR "Health Care Provider*" OR "Healthcare Provider*" OR "Healthcare Worker*" OR "Health Care Worker*" OR "Healthcare Professional*" OR "Health Care Professional*" OR "Health Worker*" OR "Health Professional*" OR Nurse* OR Physician* OR "Occupational Therapist*" OR "Physical Therapist*" OR Physiotherapist* OR Dentistry OR "Health Service*")
CINAHL	("Risk Factor" OR Risk* OR "Signs and Symptoms") AND TI("Occupational Stress" OR "Job Stress" OR "Work-related Stress" OR "Workplace Stress" OR "Professional Stress" OR "Job-related Stress" OR Burnout) AND TI("Health Personnel" OR "Health Care Providers" OR "Healthcare Providers" OR "Healthcare Workers" OR "Health Care Workers" OR "Healthcare Professionals" OR "Health Care Professionals" OR "Health Workers" OR "Health Professionals" OR Nurse* OR Physician* OR "Occupational Therapists" OR "Physical Therapists" OR Physiotherapist* OR Dentistry OR "Health Services")

LILACS	("Risk Factor" OR Risk* OR "Signs and Symptoms" OR "Fator de Risco" OR "Fatores de Risco" OR "Sinais e Sintomas" OR "Factor de Riesgo" OR "Factores de Riesgo" OR "Signos y Síntomas") AND (ti:("Occupational Stress" OR "Job Stress" OR "Work-related Stress" OR "Workplace Stress" OR "Professional Stress" OR "Job-related Stress" OR Burnout OR "Estresse Ocupacional" OR "Estresse no Trabalho" OR "Estresse Relacionado ao Trabalho" OR "Estresse no Local de Trabalho" OR "Estresse Profissional" OR "Estrés Ocupacional" OR "Estrés Laboral" OR "Estrés Relacionado con el Trabajo")) AND ("Health Personnel" OR "Health Personnels" OR "Health Care Provider" OR "Health Care Providers" OR "Healthcare Provider" OR "Healthcare Providers" OR "Healthcare Worker" OR "Healthcare Workers" OR "Health Care Worker" OR "Health Care Workers" OR "Healthcare Professional" OR "Healthcare Professionals" OR "Health Care Professional" OR "Health Care Professionals" OR "Health Worker" OR "Health Workers" OR "Health Professional" OR "Health Professionals" OR Nurse* OR Physician* OR "Occupational Therapists" OR "Physical Therapists" OR Physiotherapist* OR Dentistry OR "Health Services" OR "Pessoal de Saúde" OR "Profissional de Saúde" OR "Profissionais de Saúde" OR "Personal de Salud" OR "Profesional de Salud" OR Enfermeir* OR Dentista* OR Fisioterapeuta* OR Médico*) AND (db:("LILACS"))

Source: Prepared by the authors, 2023.

Selection of evidence

The selection of studies consisted of reading the titles and abstracts of the texts retrieved from the databases and repositories of theses and dissertations. In order to reach the third stage, the documents were screened according to the eligibility criteria by reading them in full to check their compatibility with the guiding question and thus extract the data. The analyses were carried out independently by pairs of reviewers on a scheduled day and time. In the event of disagreement between the two reviewers, the opinion of a third reviewer, the study supervisor, was requested.

Descriptive and analytical observational studies, individual case reports, expert consensus, guidelines, protocols, secondary studies, dissertations and theses were included. No language or time filters were applied. However, editorials, abstracts, correspondence, monographs, reviews and articles that are not fully available in the data sources were excluded.

Data extraction

For the fourth stage (separating, summarizing and reporting the essential data found), a structured authorial tool was used, designed specifically for this purpose. This tool allowed for the synthesis, interpretation of data and basic statistical analysis of the extent, nature and distribution of the selected studies that make up the final sample.

Data analysis and presentation

As part of the fifth stage, the data collected was organized in Microsoft Excel 2016® software, in which information was presented on the continent of origin of the study, decade of publication, study design and professional category.

The data was analyzed descriptively in order to categorize the main findings and continuously correlate them with the proposed objective.

To categorize the findings, the classification according to the types of stressors according to Betty Neuman (ALMINO et al., 2021) was adopted.

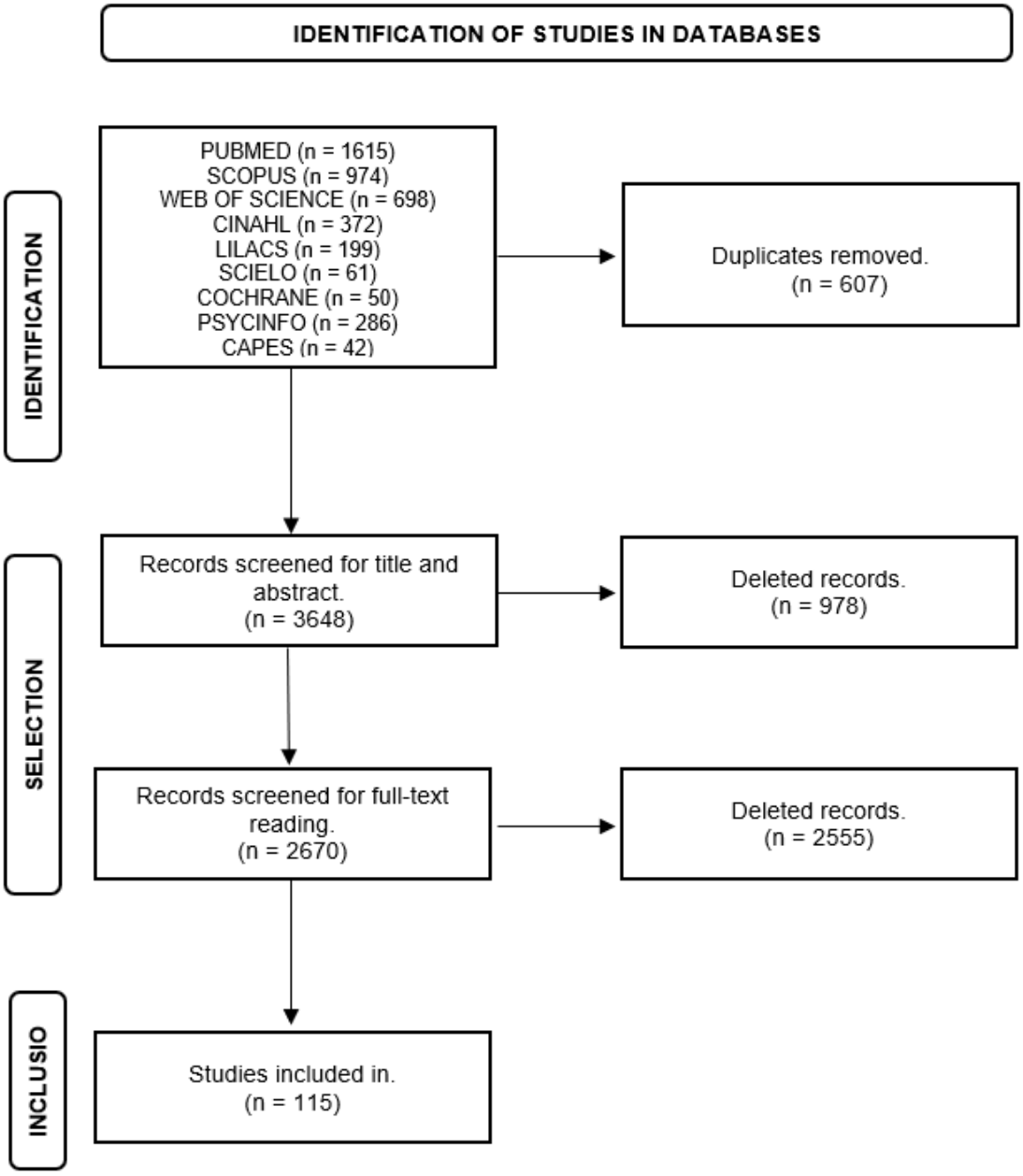
Neuman's types of stressors were adopted because she believes that the individual is characterized as a system that is open to interactions with the environment in which it is inserted and which constantly seeks physical and mental stability. Thus, the data was classified according to intrapersonal stressors (related to the client's individual/internal issues), interpersonal stressors (related to the interaction that occurs between the client and the proximal environment) and extrapersonal stressors (external forces of environmental interaction that occur outside the client's boundaries) (ALMINO et al., 2021).

To illustrate this, a word cloud was created to visually represent the frequency and importance of the words in the context on screen. In other words, it is a tool used to highlight and analyze the frequency of the terms that appear in the data sources. It was created free of charge on the website: https://www.calculadora.app/texto/nuvem-de-palavras/.

RESULTS

After searching the scientific databases, 4255 records were identified and exported to the EndNote Web reference manager. 607 duplicates were removed, totaling 3648 records. Figure 2 shows the study selection process.

Figure 2 - PRISMA - ScR flow diagram showing the study selection process. Niterói, RJ, Brazil, 2023



Source: Prepared by the authors, 2023.

The characterization of the studies, according to the data extracted from the survey, is shown in Figure 3.

Figure 3 - General characterization of the included studies (n = 115). Niterói, RJ, Brazil, 2023

Category	Variable	n* (%)**
Origin of the studies	Europe	47 (40,9)
	Asia	36 (31,3)
	America	23 (20)
	Africa	5 (4,3)
	Transcontinental	3 (2,6)
	Oceania	1 (0,9)
Decade of publication	2010 - 2022	105 (91,3)
	2000 – 2010	6 (5,2)
	1990 – 2000	2 (1,7)
	1980 - 1990	2 (1,7)
Study design	Observational studies/ Cross-sectional studies/ Longitudinal studies	93 (80,9)
	Review studies	11 (9,6)
	Not identified	7 (6,1)
	Qualitative studies	2 (1,7)
	Mixed studies	2 (1,7)
Profissional category	Nurses	47 (40,9)
	Health professionals	29 (25,2)
	Doctors	25 (21,7)
	Doctors and nurses	4 (3,5)
	Paramedics	2 (1,7)
	Physiotherapists	2 (1,7)
	Dentists	2 (1,7)
	Pharmacists	1 (0,9)
	Nurses and Paramedics	1 (0,9)
	Occupational therapists	1 (0,9)
	Radiology Technicians	1 (0,9)

*n = Number of articles; **Percentage of articles
Source: Prepared by the authors, 2023.

Figure 4 shows the distribution of the selected articles according to the types of stressors. Twenty-one intrapersonal risk stressors, six interpersonal stressors and ten extrapersonal stressors were classified.

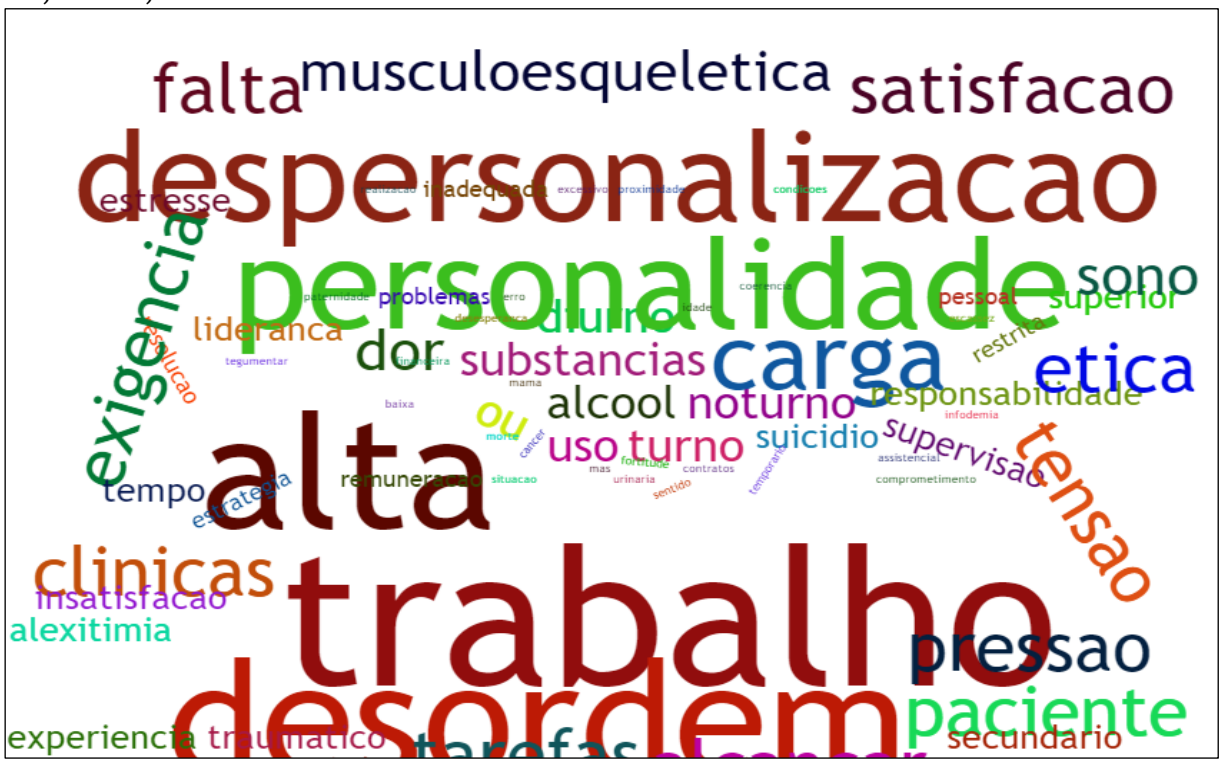
Figure 4 - Distribution of selected articles according to the type of stressors for the risk of stress overload in healthcare professionals.

Type of Stressor	Risk of stress overload	Studies
Intrapersonal stressors	Alcohol and substance use	McAuliffe et al (1984); Pedersen et al (2016); Medisauskaite; Kamau (2019); Pei et al (2021);
	Anxiety/depressive symptoms	Gong et al (2014); Ádam et al (2015); Johnson (2015); Maharaj; Lees; Lal (2018); Chen et al (2020); Li; West; Xie (2020); Bai et al (2021); Fteropoulli et al (2021); Ghio et al (2021); Arimon-Pagès et al (2022);
	Low personal fulfillment	Ramírez-Elvira et al (2021);
	Breast cancer	Schernhammer et al (2004);
	Excessive commitment	Bardhan et al (2019);
	Hopelessness	Pompili et al (2006);
	Cardiovascular disorder	Hegg-Deloye et al (2015); Lecca et al (2018), Ulguim et al (2019), Al Tunaiji et al (2020); Saberina et al (2020); Lin et al (2021); Alameri et al (2022);
	Musculoskeletal disorder/pain	Smith et al (2006); Ryu et al (2014); Sakzewski; Naser-ud-Din (2015); Shieh et al (2016); Moradi; Barakat (2021);
	Skin disorder	Liao et al (2019);
	Urinary disorder	Zhang et al (2012);
	Secondary traumatic stress	Hensel et al (2015), Wild et al (2016); Laurent et al (2022);
	Fatigue	Frank et al (2007); Lee et al (2014); Denigris et al (2016); Higuchi et al (2016); Steege et al (2017); Wu et al (2017); Sabery et al (2019); Wijdenes et al (2019); Pérez-Chacón et al (2021); Lee; Kim (2022);
	Lack of emotional intelligence/Alexithymia/Emotional involvement	Visintini et al (1996); Soto-Rubio et al (2020); Pei et al (2021);
	Strength	Heyns et al (2003)
	Age	Gómez-Urquiza et al (2016)
	Dissatisfaction at work	Kamau et al (2014); Jackson et al (2017); Al-Haddad et al (2020);
	Insomnia/recovery sleep	Liao et al (2019); Lin et al (2019); Medisauskaite; Kamau (2019); Çaltekin; Hamamcı (2021); Liou et al (2021);
	Personality/depersonalization	Beierhol et al (1991); Hisashige (1991); Volpe et al (2014); Salem et al (2018); Siau et al (2018); Silva et al (2019); Rogan et al (2019); Escudero-Escudero et al (2020); Gómez-Urquiza et al (2020); Meng et al (2021); Iyer et al (2022);
	Sense of coherence	Scholz et al (2016)
	Suicide	Pompili et al (2006); Ji et al (2020); Duarte et al (2023);
	Length of experience	Molina-Praena et al (2018); Tang (2018); Zheng et al (2018);
Interpersonal stressors	Support from superior/Lack of support	Ritcher et al (2014); Afonso et al (2021); Lozano et al (2021);

	Conflicts between the multi-team/Verbal aggression/Communication/Bullying/Bad environment/Unfair treatment/Ethics/Tension/Pressure to achieve patient satisfaction	Sharma et al (2014); Viotti et al (2015); Gómez-Urquiza et al (2016); Kandelman et al (2017); Kakemam et al (2019); Pérez-Fuentes et al (2019); Purpora et al (2019); De Sio et al (2020); Feeks et al (2020); Dyrbye et al (2021); Lozano et al (2021); Vitale et al (2021);
	Clinical difficulties/High task demands	Belkic; Nedic (2007); Yao et al (2013); Sharma et al (2014); Teixeira et al (2014); Balducci et al (2020); Iyer et al (2022);
	Restricted problem-solving strategy	Belkic; Nedic (2007); Teixeira et al (2013);
	Fatherhood	Richter et al (2014);
	Proximity to death	Pélissier et al (2015);
	Supervisory/leadership responsibility	Belkić; Nedic (2007); Richter et al (2014); Grochowska et al (2022);
Extrapersonal stressors	Day or night shift	Beierhol et al (1989); d'Ettorre et al (2018); Kakemam et al (2019); Huang et al (2020);
	High workload	Hisashige (1991); Belkić; Nedic (2007); Śliwiński et al (2014); Sharma et al (2014); Freimann et al (2015); Liang et al (2020); Afonso et al (2021); Kwiatkowska-Ciotucha et al (2021);
	Temporary employment contracts	Teixeira et al (2013);
	Poor financial situation/inadequate remuneration	Śliwiński et al (2014): Sharma et al (2014); Asante et al (2019);
	Medical specialty	Rath et al (2015); Navarro et al (2017); Siau et al (2018); Boutou et al (2019); Abusanad et al (2021); Akyurt (2021); Crowe et al (2021);
	Care error	Van Gerven et al (2016);
	Health crises	Al Tunaiji et al (2020); El-Hage et al (2020); Giménez-Espert et al (2020); Jones et al (2020); Bruyneel et al (2021); Khan et al (2022); Laurent et al (2022); Li et al (2023);
	Infodemic	Bhargava et al (2020);
	Poor working conditions	Almeida et al (2020);
	Staff shortages	Afonso et al (2021);

Source: Prepared by the authors, 2023

Figure 5 - Word cloud of the risks of stress overload in health professionals. Niterói, RJ, Brazil, 2023



Source: Prepared by the authors, 2023.

DISCUSSION

Of the studies that made up the sample, the majority (40.9%) originated in Europe, the place where scholars first tried to define stress from a biological perspective (FILGUEIRAS; HIPPERT, 1999). In second place is Asia, with 31.3% of the studies. This may be linked to the recent coronavirus pandemic (Sars-CoV-2) which has spread around the world, originating in China (PAIANO et al, 2020).

The fact of the pandemic is also linked to the spike in studies in recent years, as journals and public repositories have been concerned with disseminating the data found in an equitable and accessible way to as many researchers as possible, which has allowed information to be shared and exchanged (COSTA et al, 2020).

As for the design of the studies, the majority were observational epidemiological studies, since the intention was to observe and analyze the stress event and its factors, as well as the

behaviors that unfolded in natural environments of the phenomenon, without active intervention or deliberate manipulation of variables. The review studies were also relevant because, as the subject has been discussed for many years, they are considered to map the production of knowledge, bringing trends, challenges and advances.

A considerable proportion of the studies (40.9%) targeted nurses. Nursing is a profession in which professionals are constantly close to patients and their families, resulting in daily contact with possible suffering, anguish and death. In addition, of course, to exposure to chemical, physical and biological agents, which causes tension, anxiety and fear (SILVA; GOMES; CORGOZINHO, 2021).

Occupational stress in nursing is also related to high work demands, as it is associated with complex work demands and needs, and high expectations, excessive responsibility and toxic authority (BABAPOUR, GAHASSAB-MOZAFFARI, FATHNEZHAD-KAZEMI, 2022). These aspects result in reduced productivity and quality of work, increased rates of absenteeism and accidents at work and higher turnover of professionals, especially if we consider the Brazilian context (SILVA; GOMES; CORGOZINHO, 2021).

Betty Neuman's theoretical framework allowed for the identification of stressors and guided their characterization for the risk of stress overload in health professionals. Intrapersonal stressors stood out (21 risks), as it is believed that the person's internal factors, i.e. how they relate to their own emotions and feelings, can have repercussions on the body. The body aspect can be exemplified by cardiovascular, musculoskeletal, integumentary and urinary disorders.

Depersonalization was an intrapersonal stressor that stood out as a risk for stress overload. Depersonalization is when the individual has altered perceptions of themselves and their environment (MIGUEL-PUGA et al., 2021). It is also cited as the adoption of an attitude of insensitivity or hostility towards the people who should receive the service/care, and in some literature, defined as cynicism (VIEIRA, 2010).

In this sense, we can see that the risk of depersonalization is quite common among health professionals. These characteristics may be linked to the countless emotional tensions that unbalance the person and the lack of resources available to deal with these demands in the workplace. Anxiety was also one of the intrapersonal stressors highlighted by the studies. Anxiety is one of the most disabling disorders due to its direct influence on psychological effects and economic and social consequences.

The main interpersonal stressor found was conflict issues. An Indian study points out that, in the health sector, health professionals are subject to severe stress due to conflicts with other professional categories, conflicts with colleagues, conflicts with patients or their bystanders and supervisors, especially nurses (KAUSHIK et al., 2021). These conflicts unfold in verbal aggression, acts of prejudice, tension and pressure for optimum results, creating an unfavorable working environment that is conducive to stress overload.

The main extrapersonal stressor is the health crisis. As we have seen, the Covid-19 pandemic has revealed factors related to the moment. The first wave of the pandemic was marked by a high workload, difficult daily decisions, constantly changing protocols, limited personal protective equipment, caring for critically ill patients for fear of transmitting the infection to their families and a constant feeling of 'dealing with the unknown'. As a result, healthcare workers were constantly pushed to their limits and forced to make personal sacrifices, such as leaving their homes and families. In fact, exposure to patients infected with COVID-19 is associated with high levels of burnout, stress, depression and anxiety (DUARTE et al., 2022).

Thus, considering the objective of mapping the risks of stress overload in healthcare professionals, it was possible to understand that intrapersonal, interpersonal and extrapersonal stressors are different in their potential to influence the level of stability of the person's system or their normal line of defense.

It should be emphasized that the time of occurrence of the stressors, as well as the history and current situation of the client's system, the nature and intensity of the stressor and the amount of energy to adjust the system are important points to consider for care aimed at stimulating the person's coping with stress.

Finally, the most prominent word in Figure 5, "Work", is what drives human beings in their intellectuality. Work must be viewed responsibly, but also lightly, but it doesn't just depend on the worker/health professional, but on a system that supports good initiatives.

A limitation of this review is the high number of studies added, which makes it exhaustive to analyze. Other limitations refer to the low visibility of studies regarding gender and its repercussions for the risk of stress. With this in mind, there is the possibility of new studies that include aspects of interventions and their applicability in the lives of health professionals.

CONCLUSION

The study made it possible to map the risks of stress overload in health professionals through intrapersonal stressors (depersonalization), interpersonal stressors (conflicts) and extrapersonal stressors (health crises). It is hoped that the findings of this review will encourage managers and health services to provide resources that anticipate the decline in the mental health of health professionals by recognizing the risks/stressors.

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